116000011972

(Reque	estor's Name))
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL.
(Busin	ess Entity Na	ime)
(Docur	nent Number	7)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

	legistration Se Division of Cor			
eun irea		GUSTO LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		RICARDO J RUGGIERO		
			Name of Person	
		MANGO GUSTO		
			Firm/Company	
		301 W DEARBORN ST		
			Address	
		ENGLEWOOD, FL 34223	3	
			City/State and Zip Code	
		RJRGGR@YAHOO.COM		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notifi	ication)
For further	r information co	oncerning this matter, please co	all;	
RICARDO	O J RUGGIERO	O .	941 681-3500	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 55	ILEL
1777. n	25 PM 4:00
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MANGO GUSTO LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fior	ioa Limited Liability Company)	CONTROLL
ne Articles of Organization for this Limited Liability	Company were filed on 01/19/2016	
orida document number L16000011972		-
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	
ELI GUSTO LLC		
e new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADI	ORESS)	
-		
nter new mailing address, if applicable:		
nter new mailing address, if applicable:		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
.,		
Aailing address MAY BE A POST OFFICE BOX)		
.,	gistered office address on our records,	
Aciling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or reg	gistered office address on our records,	<u> </u>
Aciling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or reg	gistered office address on our records,	enter the name of the ne
If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	istered office address on our records, ldress here:	enter the name of the ne
Adding address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, ldress here:	enter the name of the ne
If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our records, ldress here: Enter Florida street address	enter the name of the ne
If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	istered office address on our records, ldress here: Enter Florida street address City	enter the name of the ne
If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	istered office address on our records, ldress here: Enter Florida street address City	enter the name of the n

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	2017 SEP 25 PM 4:	0 Type of Action
		Address FALLAHASSIL, FLORI	<i>t₁</i>
			Remove
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	ALLANDANIA
	ATTAMASSITATION
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date or If the date inserted in this block does not meet the applicable state.	f filing or more than 90 days after filing.) Pursuant to 605,0207
ment's effective date on the Department of State's records.	atory thing requirements, this date with not be fished as
ecord specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of
e 90th day after the record is filed.	
5 25 25 20 2017	
SEPTEMBER 20 201)	
1///~~~1	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee